
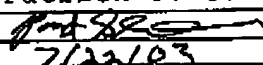



Please type a plus sign (+) inside this box →   
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

Approved for use through 9/30/00. OMB 0651-0031  
Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

<b>TRANSMITTAL FORM</b> (To be used for all correspondence after initial filing)		Application Number	10/039,218
		Filing Date	January 3, 2002
		First Named Inventor	Jon R. Lesniak
		Group Art Unit	2877
		Examiner Name	J. Pritchett
Total Number of Pages In This Submission		Attorney Docket Number	STREPHO-18
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Response  <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request  <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts Under 37 CFR 1.52 or 1.53		<input type="checkbox"/> Assignment Papers (For an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition Routing Slip (PTO/SB/69) And Accompanying Petition <input type="checkbox"/> To Convert a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Small Entity Statement <input type="checkbox"/> Request for Refund	
<input type="checkbox"/> After Allowance Communication To Group <input type="checkbox"/> Appeal Communication to Board Of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Additional Enclosure(s) (Please identify below):			
Remarks		The Commissioner is hereby authorized to charge any additional fees that may be required with respect to this communication, or credit any overpayment, to Deposit Account No. 50-2663	
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm or Individual name		Patrick J. G. Stiennon, Reg. No. 34934	
Signature			
Date		7/22/03	
CERTIFICATE OF FACSIMILE TRANSMISSION			
I hereby certify that this correspondence is being facsimile transmitted to United States Patent and Trademark Office on this date:			
Typed or printed name		Patrick J. G. Stiennon, Reg. No. 34934	
Signature			
Date		7/22/03	

FAX RECEIVED

JUL 22 2003

Received from &lt;16082504874&gt; at 7/22/03 5:46:08 PM [Eastern Daylight Time]

TECHNOLOGY CENTER 2800

## In The United States Patent And Trademark Office

Applicant: Jon R. Lesniak

Date: July 22, 2003

Date Filed: January 3, 2002

Docket No.: STREPHO-18

App. No.: 10/039,218

Art Unit: ~~2877-2873~~


For: Achromatic Circular Polarizer

Examiner: J. Pritchett

Certificate of Facsimile Transmission

I hereby certify that this correspondence is being transmitted  
via facsimile to the U.S. Patent and Trademark Office

on 7/22/03  
Date

  
Signature

Patrick J. G. Stiennon, Reg. No. 34934  
Name of applicant, assignee or Registered Representative

## Response

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Dear Sir:

In response to the Office Action mailed April 22, 2003, please consider the following remarks.

FAX RECEIVED

JUL 22 2003

TECHNOLOGY CENTER 2800